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# Barriers and Enabling Factors to Shared Decision Making in Primary Care for Mental Health Conditions

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**Background and aims:** For the great majority of mental health disorders there are real choices between alternative therapeutic treatments that are sensitive to service users' preferences and values. SDM is a core component of the service improvement agenda for mental health in the UK, but there is a dearth of evidence-based approaches and guidance on how to implement SDM in mental healthcare. Our aim was to elucidate the barriers and enabling factors to SDM in mental health to inform a programme of research to establish and implement the optimal organisation, methods and tools to support primary care clinicians, service users and their families/advocates to engage in SDM.

**Methods:** Engagement activity (presentations and interactive group discussions held at five mental health service user/carer groups [N=34], and a SDM special interest group focused on mental health [N=32] consisting of clinicians, researchers, patients and the public) was undertaken to elicit perspectives/views on the barriers and enabling factors to SDM for mental health in primary care. A functional, iterative content analysis of all data collected (field notes, minutes of meetings) was undertaken to identify priorities areas for development of SDM interventions.

**Results:** Social marketing and related online interventions to increase awareness of the existence of choice, available options and principles of SDM were considered an important enabling factor, in particular for tackling stigmatising attitudes (e.g. patients' lack of willingness/capacity to engage in SDM) and concerns about clinicians' use of SDM as a coercive tool. The interim period between the initial presentation and follow-up contact with services was colloquially referred to by service users/carers as the 'black hole' of support'. This period was considered a critical period for 'individualised support' (provided by trained 'experts by experience') to enable acquisition of knowledge/insight into symptoms and skills for self-management. This was a prerequisite for referrals to 'decision navigators' to prepare adults for SDM with clinicians. There was universal support for co-produced/designed (i) summaries of care pathways showing 'preference-sensitive' decision points; (ii) information on local services, with accessible descriptions of defining attributes of different psychological therapies and counselling approaches; (iii) skills training for peer-support workers, decision navigators and clinicians. Service users/carers emphasised a need to address power relationships and associated tensions, such as discordant preferences/values of patients and clinicians regarding the optimal treatment. There was a pressing need for evidence-based tools with balanced information on likely benefits, adverse effects/risks and consequences of options, including robust data on time to access to psychological services, and time for the manifestation of benefit from medical and psychosocial treatments.

**Conclusions:** There is a pressing need to co-produce and implement multi-faceted SDM interventions within established care pathways for a range of mental health conditions in primary care. Appropriate theory and evidence-based approaches are warranted to increase awareness of the value of SDM for supporting recovery and enable provision of individualised support to patients early in the care pathway to prepare them for SDM. In addition, there is need for clinical skills training and evidence-based tools with balanced synopses of available options.